CAMPAIGN DISCLOSURE BD.

FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE: This is an initial* Statement of Organization This is an amount of the company		FORM DR-1	STATEMENT OF
	Reset Form	(Rev. 04/2008)	ORGANIZATION
making expenditures, or incurring in dalth, the filed within 10 days of the o	committee's accepting contributions	For Office Use (Only
a change. Penalties may be imposed for late for the	unions must be filed within 30 days of	Indexed	
committee that exceeds \$750 in activity for another office shall file within DR-1 disclosing information concerning the campaign for the new office	10 days either a new or amended	Audited	
COMMITTEE NAME 11 (A size of the new office :	sought.	Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include DeRycke for Supervisor Committee		of the committee.)	
IMPORTANT: Indicate type of committee you are reporting for: 5 (1) Statewide/Legislative/Judge Standing for Retention Candidate (5) County Candidate (6) City Candidate (7) School Board or Othe (10) School Board or Other Political Subdivision PAC (11) Local B	2)Statewide PAC (3)State Party (4)County Central Con 3)County PAC (9)Cir	nmittee ty PAC
(illanuatory for all committees)	COMMITTEE CHAIR	in martiple city/	county ballot issues)
Name ↓ ↓ Alice DeRycke	COMMITTEE CHAIR (man	datory except for a ca	ndidate's committee)
Mailing Address			
	Mailing Address ↓ ↓		
City, State ↓ ↓ Zip Code ↓ ↓ Belle Plaine IA 52208	City, State ↓ ↓ Zip Code ↓ 、	<u> </u>	
Phone (319) 647-2195			
e-Mail			
INDICATE PURPOSE OF COMMITTEE Charles a			
INDICATE PURPOSE OF COMMITTEE - Check One Box	dvocate for/against candidate(s) 🔲 A	dvocate for ballot issue	(s)
All Candidates Enter:		OVOCATA aggingt hallet :	A/-X
	County/Local Candidates a	ind Local Ballot Com	nittees Enter:
Political Party (if applicable)	County: lowa		
District:	, , , , , , , , , , , , , , , , , , , ,	ue elections, attach list	of counties
Year Standing for Election: 2008	Date of Election: 11/4/20	08	
Bank Account Name (must match committee name)			
N/A	Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor		
	Alice DeRycke	- Oponsor	
Name of Financial Institution/type of Account ↓↓	Mailing Address ↓ ↓		
	1387 A Ave		
Mailing Address ↓ ↓	City \ \ \ \		
	F -	State ↓ ↓ Z	p
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Belle Plaine, IA 52208 Phone (319) 647-2195		
	riione (515)		
	e-Mail		
TATEMENT OF AFFIRMATION: By filing this document the committee affi	irms the following.		
· O ········ AVVOINGILL DIE COMMINIO 311	····• uie ionowina:		
The committee and all persons connected with the committee understand that	t they are subject to the laws in Iowa Cod	e chapters 68A and 68B	and the admits to the
The committee and all persons connected with the committee understand that les in Chapter 351 of the Iowa Administrative Code. That Iowa Code section 884 493 and 714 955 and 724 955 an	t they are subject to the laws in lowa Cod		
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The committee and all persons connected with the committee understand that alles in Chapter 351 of the Iowa Administrative Code. That Iowa Code section 68A.402 and rule 351—4.9 require the filing of disclosubjects the candidate or chairperson (in the case of committees other than a care position of other criminal and civil sanctions. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the atterials except for those items exempted by stantage.	t they are subject to the laws in lowa Cod sure reports and that the failure to file the indidate's committee) to the automatic ass	se reports on or before tr essment of a civil penalt	e required due dates and the possible
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Date Signed